

**WISCONSIN'S COMMUNITY LINKS WORKFORCE PROJECTS**  
**FOUR YEAR SUMMARY 1999 - 2002**  
**April, 2003**

**Background**

From 1999 through 2002, a number of committees and agencies in Wisconsin identified and began to address the crisis in the recruitment and retention of long-term care workers. "Direct Care Worker Initiatives in Wisconsin 1999-2003" briefly describes these efforts. Concerned specifically with the need for more direct care workers to assist people living in their own homes, the Department of Health and Family Services, Division of Supportive Living (now the Division of Disability and Elder Services), Bureau of Aging and Long Term Care Resources made start-up funding available from the state funded Community Options Program (COP) to help solve this problem.

Starting in 1999, funding has been available to county COP lead agencies to initiate closer links with employment and volunteer resources in an effort to address weaknesses in the long-term care provider networks in their areas. Counties were invited to initiate efforts, called Community Links Workforce Projects, to strengthen or expand the workforce for the long-term care population in their communities. One-year awards have been made for county projects designed to:

- recruit new home care workers from traditional and non-traditional sources;
- retain and support current workers, family providers, and other informal supports;
- reduce the need for paid providers by assisting individuals through technology to become more independent and self-sufficient;
- enhance the public image of caregiving as a valuable and rewarding profession;
- complement or supplement the work of paid providers by expanding the use of family, friends, neighbors, and other natural supports as well as the regular resources available in every community;
- create more caring communities with many eyes and ears to help keep people safe.

In four years, a total of 47 counties received Community Links awards ranging from \$1,000 to \$50,000. In most cases, the projects were not funded with state funding alone, since counties could claim the federal share of COP or CIP Waiver-allowable costs.

People involved in the projects learned which efforts worked best by experimenting. Ideas were shared from county to county in workshops and conferences, and written materials were reproduced and distributed statewide. The Long Term Care Workforce Alliance is preparing grants to get funding to develop one of the projects, a positive image campaign for direct care workers, into a statewide effort. That project and another, a worker-owned home care cooperative, gained national recognition. This worker-owned home care cooperative in rural east central Wisconsin was featured on the national website of the United States Department of Agriculture and was a semifinalist for the 2002 Innovations in American Government Award from the Institute for Government

Innovations at Harvard University's John F. Kennedy School of Government. Although most of what is known about the projects is anecdotal, state staff is impressed at the quality and variety of ideas developed by county staff. The projects represent the local innovation and creativity the state has come to expect from Community Options Program staff and advisors.

In 2003, county efforts will be evaluated and compared to discover which strategies were most effective in recruitment and retention. Then, those methods can be systematically shared statewide. Funding has been made available again for 2003, and as workforce solutions continue to be explored, replication and technical assistance materials will be developed and shared.

The report that follows is a review of all of the Community Links Workforce projects from January 1999 through December 2002. Some counties developed one idea for several years; other counties changed their ideas from year to year, carrying out several projects. In some cases, new projects are just getting underway, so descriptions are brief and findings/outcomes cannot yet be identified. Each county description includes the name and contact information for one or more key people, and they can be contacted for additional information. At the end of the report is a topical cross-reference guide to help in locating ideas throughout the report. The contact people at the Bureau of Aging and Long Term Care Resources, Department of Health and Family Services, are Judy Zitske, 608-267-9719, [zitskjb@dhfs.state.wi.us](mailto:zitskjb@dhfs.state.wi.us) and Julie Whitaker, 608-266-8778, [whitaja@dhfs.state.wi.us](mailto:whitaja@dhfs.state.wi.us).

### **Strategies of Wisconsin Counties' Community Links Projects**

#### **Adams County Department of Health and Social Services**

Adams County applied for funding for the first time in 2002 received an award to increase retention among workers in the only agency providing home care workers to this county. One new strategy involved the use of cell phones to improve scheduling and worker safety on the road. The phones improved communication between office and field staff and between care managers and caregivers. To raise the status of home care work, project staff held worker recognition events and gave appreciation and cash longevity awards determined by length of service. Surveys will determine whether the efforts made a difference.

Contact: Beverly Sohail, Adams Co. DHSS, 608-339-4253, [bsohail@co.adams.wi.us](mailto:bsohail@co.adams.wi.us).

#### **Ashland County Human Services Department**

The Human Services Department partnered with a "school-to-work" project being undertaken in the five high schools in Ashland County. Initially, about 30 students were recruited to assist elderly COP and waiver participants by doing chores in their homes. This provided real help to the people, supplementing the work of their regular providers, and gave the young people experience with old people and community long-term support. The students, along with mentors who were paid a stipend to accompany them, hauled firewood, cleaned cupboards, changed light bulbs, took people grocery shopping and to church suppers. They talked, listened, worked crossword puzzles and played games

together. One teenager built a bird feeder in shop class for an elderly man. The high schools incorporated a unit on community long-term support into the civics class curriculum. Several students became interested in pursuing work in long-term care.

The second year, Ashland County obtained funding to cover expenses and paid a stipend and bonus to students who attended the classes to become certified nursing assistants (CNAs). Some of the graduates became full-time personal care workers (PCWs), and some worked part-time as they went on to college. Obtaining training as CNAs enables workers to expand their skills and do Medicaid personal care (MAPC) – often at an increase in pay. It helps counties stretch their COP and waiver budgets by billing some home care to MAPC instead of COP/waiver funded supportive home care.

Contact: Patrick McGuire, Bayfield Co. DHS, 715-373-0790, [pmcguire@bayfield.org](mailto:pmcguire@bayfield.org) (Formerly of Ashland County.)

### **Barron County Department of Human Services**

For three of the project years, the Barron County Human Services agency has worked in collaboration with the Barron County Department on Aging to improve, strengthen and expand their Interfaith volunteer network. Already supplementing the work of paid workers with COP and waiver-funded participants, the Interfaith Program was expanded to provide volunteer services to the people on the waiting list for COP and waiver services. The agency coordinated community support networks for isolated individuals experiencing risk in their lives. Their experience showed that with a small amount of assistance, such as grocery shopping, home repairs, chore services, transportation to medical appointments and community outings, people were able to stay on the waiting list and in their homes for a longer time. They avoid the much more expensive alternative of having to move out of their homes into assisted living facilities or nursing homes to get the assistance they need.

In 2002, a further expansion of the Interfaith Program reached out to recruit youth as additional volunteers. They also expanded the use of technology in scheduling, record keeping, and tracking of activities to make their system more efficient.

Contacts: Barbara Peterson, Director, Barron Co. DHS, 715-537-5691, [bpeterson@co.barron.wi.us](mailto:bpeterson@co.barron.wi.us), and Charlene Oftedahl, Director, Barron Co. Office on Aging, 715-537-6225, [bchs@co.barron.wi.us](mailto:bchs@co.barron.wi.us).

### **Bayfield County Department of Human Services**

As in Adams, Bayfield County staff members were concerned about low morale and low self-esteem among the direct care workers. A number of efforts included an appreciation banquet with longevity bonuses and a canvas tote bag, backup staff and expenses for workers while they attended specialized training, “crisis” bonuses to compensate individuals willing to fill in for last minute emergencies, and assistance in obtaining child day care with supplemental funding to help pay for it. Incentives for new workers included tuition for their training, finders’ bonuses, and welcome pins. Positive advertising was used to try to improve the image of caregiving among members of the general public.

Contact: Pat McGuire, Bayfield Co. DHS, 715-373-6144, [pmcguire@bayfieldcounty.org](mailto:pmcguire@bayfieldcounty.org)

### **Columbia County Department of Health and Human Services**

This county divided its award funding into two parts. An advertising campaign recruited new workers and trained all the current home care workers to the certified nursing assistant (CNA) level. This provides training for more complex medical needs than the training under the home and community based waivers for supportive home care workers. The second part of the Community Links funding paid to contract with an agency to develop a supportive home care training manual to be available to all workers. The project included training the workers in the use of the manual and field-testing to determine its effectiveness. The Columbia County workers found the manual so helpful that additional Community Links funding was used to pay for printing and statewide distribution of the manual to all 72 counties. More recently, a video to accompany the manual has been developed for workers who learn more easily from visual than from written materials, and the video also has been distributed to every county long-term support agency.

Contact: Dennis Wittig, Columbia Co. DHHS, 608-742-9227, [dennis.wittig@columbia.wi.us](mailto:dennis.wittig@columbia.wi.us), and Laurel Graham-Marling, [laurel.graham.marling@tmg-wis.com](mailto:laurel.graham.marling@tmg-wis.com), or Phil Davis, [phil.davis@tmg-wis.com](mailto:phil.davis@tmg-wis.com), at The Management Group, 608-255-6441.

### **Crawford County Human Services Department**

Throughout the four years of this project, Crawford County, while developing marketing materials to recruit new workers, also developed the following strategies to retain their current workers:

- They expanded and improved their training curriculum and ongoing training materials.
- They trained all current as well as new workers up to the certified nursing assistant (CNA) level. Prior to completing their training, all new students were assigned to a mentor, who modeled caregiving skills and assured that the training received by the students was applied to real life situations.
- Funding was used for the agency as start-up to hire nurses as resources to both care managers and in-home direct care workers. Funding was used to pay for nurses to accompany care managers on visits to the homes of program participants on a regular basis (not just when a problem arose). Care managers and workers developed rapport with the nurses and benefited from the readily available medical expertise. They became more comfortable with individual medical conditions and were learning to spot medical issues before they became serious.
- Cash gift certificates given to workers who worked on holidays proved to be a successful strategy. Cash gift certificates were also given to workers willing to fill in for each other in emergencies. This provided more readily available workers and assisted in scheduling.
- A quality assurance evaluation was conducted in residential arrangements managed by a particular provider and used extensively by this county.

Contact: Kelly Hefel, Crawford Co. HSD, 608-326-0248, [hefel@flashmail.com](mailto:hefel@flashmail.com).

## **Dane County Department of Human Services**

Dane County, the second largest county in the state, has had one of the lowest unemployment rates in the state (and the nation) for several years. A number of agencies tried out several different ideas in each year of the four-year period in order to benefit all of the different target groups supported in the community with COP and waiver funds.

1. An ongoing project, which added a new component or changed its focus every year, is the Certified Nursing Assistant (CNA) Alliance and Mentoring Project. In connection with the “Welfare to Work” initiative, unemployed former welfare recipients were trained in long-term care and support.
  - Each was given tuition, books, a uniform if necessary, a stipend, and help with childcare and transportation until they earned their certified nursing assistant degree.
  - A number of used cars were donated for use as loan cars for those workers whose schedules were too complicated to navigate by bus.
  - A graduation ceremony and party brought together family and friends to celebrate.
  - Workers, who assisted older people and people with physical disabilities, were matched with experienced mentors and placed in hospitals, nursing homes, group homes, and with people living in their own homes in the community. The mentors were thoroughly trained and stayed with the workers for six months or longer.

After such extensive support in what may have been their first successful school and work experiences, workers were likely to stay; retention of participants was high, according to the project director.

Contact: Kay McGee, CNA Alliance, YWCA, 608-255-3295.

2. For people with mental illness, the SOAR project placed individuals with mental health concerns in their own lives as in-home care providers to other mental health consumers. This was done to see whether both consumers and workers would benefit. Project money was used to hire the nontraditional staff. The workers offered help with housekeeping tasks, peer and emotional support, and rides or companionship to places in the community. The project paired people with similar diagnoses – a provider doing well with a consumer who was not. Some rewarding relationships developed as the providers inspired their “match” with hope of recovery. One companion took his new friend to Chicago to visit his sick mother.  
Contact: David LeCount, Dane Co. Mental Health, 608-242-6468.

3. For people with developmental disabilities, the Developmental Disabilities Recruitment Project established a strong coalition of 25 providers who collaborated in recruiting and sharing workers in a variety of new ways. The Developmental Disabilities Coalition web page listed all available employment opportunities with all agencies and all available workers. Private individuals and families were able to access the listings as well and hire their own providers. The coalition also initiated some community outreach and education strategies to promote a positive image of

caregiving as a career in which the caregiver had an important job while enriching the community.

Contact: Teresa Fishler, 608-265-9436.

4. Especially difficult to recruit and retain are live-in, overnight providers. For some time, Dane County worked on a Crisis Response System for People with Developmental Disabilities. As a Links project, they developed an Electronic Monitoring Project that used a variety of electronic devices to reduce overnight staffing needs and costs. Several individuals were hired to monitor and respond to the monitoring devices as part of the Crisis Response System.  
Contact: Fran Genter, Dane Co. DHS, 608-242-6481, [genter@co.dane.wi.us](mailto:genter@co.dane.wi.us).
5. The Caregiver Support Network developed by the Alzheimer's Association matched new family caregivers with experienced ones, focusing on matching male caregivers with other men. They used Links money to pay for a part time, short term staff position to get a number of new initiatives started. They revamped the association's helpline and developed a four-hour training curriculum as well as recruiting a number of new helpline volunteers. The network trained the Network's and Dane County's social workers together, informing the county workers of the resources available to them through the Alzheimer's Association. New written materials were produced. Family caregiver education sessions on Saturday mornings were well attended.  
Contact: Paul Rusk, 608-232-3400.
6. Because providing care to people with Alzheimer's or other dementia is so difficult for family members, Dane County designed another project to support family caregivers and reduce the placement of people with dementia into more expensive and less desirable group homes. Since out-of-home respite options were often not affordable or available for caregivers, Links Project funds were used to train and match individuals who provided in-home respite and companionship to people in their homes, thus relieving family members.  
Contact: Theresa Sanders, Dane Co. DHS, 608-242-6448, [sanders@co.dane.wi.us](mailto:sanders@co.dane.wi.us).

### **Dodge County Human Services and Health Department**

This agency identified a large increase in the number of people who needed basic assistance with ordinary activities such as shopping, errand running, light housekeeping, minor home repairs, yard work, snow shoveling and telephone reassurance. There were more people who needed these services than there were dollars or providers. It was decided that volunteers could help with many of the tasks. An effective agency, Interfaith Volunteer Caregivers, Inc. already existed in one community of the county. In an attempt to recruit new volunteers for the Interfaith agency, the Links money was used to coordinate a countywide campaign to raise awareness of the increasing needs of the frail elderly and persons with disabilities or mental illness. Targeted as additional volunteers were newly retired individuals and young adults, and volunteer efforts were expanded to the entire county. A newsletter was started and widely distributed, and a booth was prepared for local fairs, senior functions, and church events. Newspaper and

radio ads as well as attractive brochures were developed. Phone service was expanded to the entire county.

Contact: Steve Steinbacher, Dodge Co. HSHD, 920-386-3580.

### **Door County Department of Social Services**

Door County has carried out a series of projects to enlist more volunteers so they can expand activities that help frail or disabled people in their homes. High school students were recruited and helped by shopping for or with people, putting groceries away, doing household chores, raking leaves, shoveling snow, taking people out to lunch and helping them participate in community events. County staff made available a detailed volunteer manual, provided mentors or companions for the young volunteers, and honored them at recognition events. Reportedly, many strong friendships developed.

Door County's retired nurses were also recruited as volunteers for their ability to spot health problems when they visited people or accompanied them on doctor's visits. The retired nurses trained paid home care workers as well as volunteers and family members to recognize home safety hazards and possible health problems while in people's homes. This agency partners with Public Health nurses to do assessments with social workers. An additional contract was developed with a parish nurse who has a psychiatric and Alzheimer's background and is valuable in dealing with people who have mental health needs or dementia.

Also recruited were COP and waiver participants, who were mainly homebound but still able to contribute to their community by telephone, to offer reassurance and companionship to other program participants or to children home alone after school. Some of these volunteers, who previously had been isolated themselves, came to know other old or disabled volunteers, and camaraderie evolved. They continue to get together, go out to eat, and go fishing. They exchange stories about people they know or talk with on the phone and brainstorm ideas for how to help them.

Contact: Bev Knutson, Door Co. DSS, 920-746-2300, [bknutson@co.door.wi.us](mailto:bknutson@co.door.wi.us).

### **Douglas County Department of Human Services**

County staff collaborated with social work students from the local university in holding four successful job fairs in different areas of the county. The fairs focused on employment opportunities in caregiving and in recruiting new workers. Students, an untapped group of potential workers, were invited from all of the high schools to attend the fairs. There was also a publicity campaign using posters and brochures, and advertising in newspapers, shoppers, community newsletters, and church bulletins to raise community awareness and recruit new workers. This county has also been targeting volunteer efforts at people on the waiting list for community services to keep them from giving up and going to nursing homes.

Contact: Robert Sowl, Douglas Co. DHS, 715-395-1257.

### **Dunn County Department of Human Services**

In the past four years, this county has experimented with a number of ideas concerning health care workers. First, they brought together the county's provider agencies to collaborate on pooling all qualified home care workers. The consortium included nursing homes, group homes, and home health agencies, as well as staff from the community programs that support people in their homes. They cooperated in recruiting, training and employing workers in the best setting for each worker. They also promoted caregiver work throughout the community as important and valued. The groups have continued to work together to identify and remove workplace barriers as they discover successful strategies for recruiting, retaining and supporting workers.

A study of the medication system was undertaken to determine the best methods for the counting and storing of pills, as well as the most effective ways to remind elderly individuals alone in their homes to correctly administer their medications. Both of these innovations reduce the need for paid helpers.

To improve the working conditions of caregivers, research was conducted to identify the best training methods, techniques, and equipment available to assist with transfers in order to reduce the risk of injuries that result from lifting and transferring.

Another project identified isolated, vulnerable, and depressed elders who would not or could not go to a mental health facility. Older volunteers were trained by a professional counselor to become mentors and provide peer support to participants as trusted friends, advocates, connections to the outside world, and surrogate family members. With this support, people were able to remain independent without extra help for a longer time.

Several other initiatives were put into place. Adult family home providers were trained and supervised in Medicaid personal care in order to add a funding source to the COP and waiver funding that supported these residential settings. A nurse was made available to the care managers to help in identifying and preventing potential health problems. An adult day respite program for persons with dementia was started.

Contact: Dennis Ciesielski, 715-232-1116, [dciesielski@co.dunn.wi.us](mailto:dciesielski@co.dunn.wi.us)

### **Eau Claire County Department of Human Services**

For three years, this agency continued to expand a successful program that supplemented the work of paid home care workers with work by persons in supported employment to provide additional homemaking and grocery shopping services to COP and waiver participants. The program linked people needing additional help in their homes during a freeze on increased services with people with mental illness or other disabilities looking for work-related training or supported employment. Workers were supported by job coaches and provided with transportation, training, and supervision. The work began as volunteer and in some cases developed into flexible part-time paid employment. Workers and program participants all benefited, and some of the persons trained may eventually be able to transition from supported work into the regular workforce as home care workers.



A second effort targeted older volunteers in an attempt to increase socialization and recreational opportunities for socially isolated older COP and waiver participants who lived alone. Instead of helping to get things done, this effort focused on improving the quality of people's lives. The older volunteers were recruited as peers to do enjoyable and interesting things with people one-on-one out in the community. Links funding was used for a part-time volunteer coordinator to recruit the volunteers. Additional funding reimbursed transportation costs and covered costs associated with some of the activities, so that even low-income volunteers could participate.

Contact: Margaret Hanson, Eau Claire Co. DHS, 715-831-5677,  
[margaret.hanson@co.eau-claire.wi.us](mailto:margaret.hanson@co.eau-claire.wi.us).

### **Grant County Department of Social Services**

Initial funding enabled supportive home care workers to be trained as certified nursing assistants (CNAs). Besides receiving pay raises upon certification, workers also received bonuses for completing the training. After six months of successful work, they received additional cash bonuses. Trained workers were also offered opportunities to act as mentors and on-the-job peer trainers to new workers. Some funding was used to pay new workers while they shadowed experienced workers. This funding also paid for training materials, mileage to attend training, and events to recognize and reward workers.

Several additional rewards and incentives were added in subsequent projects, including bonus incentives for working in remote areas. Former welfare recipients were recruited as workers, and a short-term volunteer coordinator was hired with Links funding to recruit, organize, and match additional volunteers.

Contact: Carla Smith, Grant Co. DSS, 608-723-2136 ext.168, or Fred Naatz, ext.107,  
[fnaatz@grantdss.com](mailto:fnaatz@grantdss.com).

### **Unified Community Services of Grant and Iowa Counties**

This agency participated in all four years of the Community Links projects. The agency started out by trying a number of ideas for recruiting, supporting, and strengthening their direct care workforce. Success depended on the collaboration of at least ten staff from various agencies in two counties, and activities were concentrated in a supportive home and personal care agency called Homeward Bound. A variety of creative and innovative ideas for recognizing, rewarding, and thanking workers included sign-on bonuses after six months of work and again after a year; profit sharing for workers was initiated. The Homeward Bound program also rewarded part-time workers who added hours and gave answering machines to workers to help with scheduling. Workers were brought together as a group for regular training and socializing. The long-term support program training added the RESPECT values and carefully matched participants with workers to increase the possibility that they would develop rewarding relationships. They wanted workers to have relationships with each other as well and to think of being a part of a team. The agency awarded many gift certificates and held numerous picnics and potlucks.

Each year, Homeward Bound continued the ideas that seemed most successful, while trying new ones. One new idea that proved popular was a "roadside" assistance fund for workers to use for emergencies such as car problems, accidents, and unexpected medical

bills. The agency initiated paid mileage to encourage workers to travel greater distances and developed a series of training videos available throughout the county to enable in-home providers to obtain training either at home or at a convenient location and time.

Contact: Neal Blackburn or Betsy Hartmann, Grant/Iowa UB, 608-935-2776, [unified@pcii.net](mailto:unified@pcii.net) or Rita Schmitz with Homeward Bound, 608-723-6601.

### **Green County Department of Human Services**

Green County offered scholarships to workers to upgrade their skills and obtain certification as nursing assistants who can provide Medicaid personal care as well as supportive home care. This program was unusual in targeting workers in adult family homes (AFHs) and community based residential facilities (CBRFs), as well as workers caring for people in their own homes. This agency partnered with the public health department and hired nurse instructors to conduct the training around the schedules of the workers.

A second project focused on the most rural part of the county where in-home care providers are the scarcest and people are widely scattered. County staff expanded their outreach and public awareness efforts to increase the volunteer caregiver workforce in that area. They attempted to bring people together and create a greater sense of community in which individuals feel responsibility towards one another. It was hoped that increased awareness of neighbors' needs would stimulate people to come forth as volunteer caregivers. Additional volunteers supplemented and relieved paid caregivers and helped people on the waiting list. Key groups of gatekeepers (i.e., postal workers, meter readers, EMTs, pharmacists, and bankers) were trained to watch for potential problems.

A third effort targeted people with dementia, their families and caregivers, to make them aware of available service options and early interventions that help prevent crisis situations. Then, family caregivers, professionals, and volunteers were linked to providers of dementia services and other resources to gain the skills necessary for providing the appropriate care. Regular workshops provided information on caregiving employment opportunities and included information on dementia resources.

The county human services workers are partnering with the area Interfaith agency in an innovative project. Faced with a lack of volunteers, especially for the more difficult and challenging situations, the partnership recruited a team of workers from a church congregation, instead of just individuals. The team was intended to give individual volunteers a sense of identity and a built-in support group. If a caregiving assignment was emotionally trying or unusually time consuming, a pair of or more people from a team were recruited together. Four churches with parish nurses participated.

Contact: Linda Boll, Green Co. DHS, 608-328-9396, [lboll@gchsd.org](mailto:lboll@gchsd.org), Vicki Evenson, RN, Green Co. Health Dept., 608-328-9500, or Kathryn Shawkey, Green Co. Aging and Disability Resource Center, 608-328-9355.

### **Green Lake County Department of Health and Human Services**

For their Medicaid personal care program, this agency had been contracting with a separate agency to provide RN training and supervision to the workers providing personal care under the county's Medicaid provider number. They decided that it would be preferable to have a nurse within their agency instead of contracting out, and the Links funding provided the start-up for the nurse. The nurse is not only able to train and supervise the personal care workers; s/he is a valuable resource for the care managers. S/he accompanies them on assessment and care management visits and is available in their agency to consult with on an ongoing basis as well.

Contact: LeRoy Dissing, Deputy Director, 920-294-4139.

### **Jackson County Department of Health and Human Services**

The lead long-term support agency in this rural county waited until two years of Links projects were reported and then brought together key people from the hospital, two nursing homes, the home health agency, and the Interfaith volunteer agency to form an Agency Network Committee. They decided to try a number of Links project ideas thought to be successful in other counties and used Links funds to hire a part time person to coordinate their efforts.

For paid workers, the committee targeted and financed the training of high school students as certified nursing assistants (CNAs). They featured homecare providers in the newspapers and held recognition events. They are continuing to pursue the idea of universal workers who are trained and scheduled to work with people in their homes, in assisted living arrangements, and in the nursing home.

The county expanded on a successful "senior to senior" program in which high school seniors were matched with older people in an exercise program. They also recruited young people to do community service work (household chores and activities with seniors) through their schools, churches, or local courts. Finally, they recruited people seeking supported employment opportunities to help people in their homes.

Contact: Nancy Laabs, Jackson Co. DHHS, 715-284-4301, [nlaabs@cuttingedge.net](mailto:nlaabs@cuttingedge.net).

### **Juneau County Department of Human Services**

Forced to compete for workers with the many hotels and tourist attractions of Wisconsin Dells, this agency chose to focus on efforts to retain the workers they had. They offered paid bonuses every three months for all workers who stayed and many recognition efforts including using pictures and names of workers in advertising. The agency also paid for nurses to visit participants while workers were in the home in order to clarify medical issues for the workers and to give them someone to call with medical concerns and questions. They developed a resource center equipped with training videos that in-home care providers, citizens and program participants can borrow. They also recruited experienced workers who are given additional pay and recognition to serve as mentors to new workers.

Contact: Carolyn Kotchi, Juneau Co. DHS, 608-847-2400.

### **Kenosha County Department of Human Services – Division of Aging**

For four years, this agency has been developing and expanding one of the most ambitious and extensive projects in the state. First, a long-term care staffing task force was formed to conduct a detailed survey of the in-home care providers throughout Kenosha county. The survey showed that people generally like their work; they develop strong personal relationships with the people with whom they work and their families; they feel fulfilled in knowing their work is appreciated by the people they assist. They like the flexibility of their work schedules, but they are reluctant to tell anyone what they do for a living and are ashamed of the stigmas (low pay, low skill, menial and unrewarding) associated with their work.

The agency and task force developed a public awareness campaign to enhance the image of long-term care work based on the slogan “Make More than a Living. Make a Difference.” The agency hoped to improve the image of caregiving among the general public, improve the flow of new applicants into direct-service positions in long-term care, and raise the self-esteem and lower turnover rates of direct care workers. Through the years, they have tried out a variety of ideas to see which are most effective. With the help of a market researcher, they identified the best target groups and methods of recruiting workers. They conducted an extensive advertising campaign utilizing worker testimony and pictures including:

- a media campaign which included letters to the editor and news coverage;
- mailings to individuals and churches;
- a low cost/high impact advertising campaign;
- outreach presentations throughout the community;
- a phone number for information about work, volunteer, and training opportunities in long-term care;
- newspapers, billboards, interior and exterior bus signs, radio ads, postcards, notepads, posters, church bulletin inserts, job fairs, and payroll inserts;
- a contest for essays on “The Meaning of Caregiving” with prizes and publication of the winning entries.

This agency has continued its community recognition campaign and worker support efforts for four years and added new ideas each year. They added a dedicated campaign phone number and trained a worker advocate to respond and follow up all inquiries. The advocate provides extensive information on jobs, application procedures, contact names and numbers, training opportunities and funding, as well as information on childcare and transportation. S/he makes follow-up contacts, provides additional information and assistance, and continues ongoing advocacy, mentoring, and support services for workers after they are placed in jobs.

One year after identifying a particular shortage of Spanish-speaking workers, the agency modified its image campaign to target persons of Hispanic origin. Another effort came from a survey of recent nursing assistant graduates from the local technical college that found that only 63% were working in caregiving. They sought to bring back these

trained workers by providing ongoing support with shadow mentoring and help in accessing childcare and transportation.

In 2002, a recruitment campaign focused on older workers, or persons who have retired from other careers. Demographics show this non-traditional source as a rich potential resource to fill the gap left by a shrinking pool of younger workers. Positive images of mature workers in long-term care were added to the campaign and an older worker advocate position was added to assist new workers. Finally, the Kenosha staff is leading an effort with the Wisconsin Long-Term Care Workforce Alliance and the Wisconsin CareGiver Association to obtain foundation funds for a statewide long-term care worker image campaign and regional coalition building.

For another project to fill a gap in resources available in Kenosha Co., funding was used as start-up for a small respite/day center for persons with dementia. A focus group of family caregivers and providers and an extensive survey of family caregivers identified such a resource as a priority need.

Contacts: Lavern Jaros, Director, Division of Aging Services, 262-605-6612, [ljaros@co.kenosha.wi.us](mailto:ljaros@co.kenosha.wi.us) or Barbara Wisnefski, Kenosha Co. Job Center, 262-697-4637, [bwisnefski@co.kenosha.wi.us](mailto:bwisnefski@co.kenosha.wi.us).

### **Kewaunee County Community Programs**

This agency has also developed a number of ways to enhance, strengthen, and expand the workforce in their area over the four years that Community Links funding has been available. They conducted caregiver surveys in nursing homes, CBRFs, home health agencies, adult family homes, hospice facilities, the developmental disabilities day center, and the supportive home care agency for the county's COP clients. All personal and supportive home care workers were given pay increases (budgeted in advance and not using Links funding). Home care workers and new recruits were given additional bonuses of \$25 every three months from Links funding for a year. Workers are given a paid personal day of eight hours for every 200 hours worked. A monthly newsletter is now sent to all home care workers. Appreciation banquets are held with certificates and length-of-service pins awarded. COP home care workers are brought together for trainings in the COP office twice a year. Articles have appeared in all area newspapers (covering three counties) on COP home care workers. Finally, Links money helped them start a county caregiver association, and two of the members are actively involved in the statewide Wisconsin CareGivers Association.

To provide assistance to social worker care managers as well as in-home caregivers, two RNs were hired to work in teams with social workers as care managers. The agency believes that increased knowledge and understanding of people's medical conditions and emotional needs helps everyone do a better job, thus keeping people stable and well longer. To act on this theory, they have given the nurses a group of their own to care manage, and believe that as they get to know about people's whole lives (not just their medical conditions) they develop an understanding of the social worker's role, just as the social workers, as they ask medical questions to get another perspective of the participant's condition, develop an appreciation of the nurse's roles. Links funding

covered the start-up for the nurses, and their ongoing costs are covered by billing for parts of assessments, plans, and ongoing care management. The nurses work in the same office as the social workers.

After learning that having to go to a technical college to take the CNA training was a barrier for some people, the agency developed its own certified training program within the agency. To work in a personal care only agency, workers only need PCW training, and the in-house training increases communication and relationships between the social worker care managers and the PCWs.

Some new ideas were explored in 2002. Experienced workers were given an opportunity (and pay increase) to mentor new workers and provide some of the training to new caregivers. Agency staff began to study the worker owned cooperative in Waushara County to see how it might work in Kewaunee County. They conducted a follow-up survey of workers to the first one conducted in 1999 to see whether their efforts were making a difference.

Contact: Peggy Wussow, Kewaunee Co. Human services, 920-487-3985, [wussowp@kewauneeco.org](mailto:wussowp@kewauneeco.org)

### **Lafayette County Human Services**

To increase the availability of in-home care, this county's project helped the many part-time workers increase their hours. This was done by providing personal care worker training for all of the workers to increase their skills and make them eligible for pay increases. The agency also provided bonuses for workers willing to work on weekends and holidays and wage incentives to those willing to work with especially difficult individuals. Expanding the volunteer driver service and increasing reimbursement rates reduced the need for paid caregivers to drive.

Contact: C. Thomas MacDonald, Director, Lafayette Co. HSD, 608-776-4800, [tmacdonald@lchsd.org](mailto:tmacdonald@lchsd.org)

### **Langlade County Department of Social Services**

This small northern county submitted proposals in each of the past four years. Their efforts to recruit and reward workers included: sign-on bonuses for new workers and for current workers who recruited new workers; tuition grants for workers to attend PCW training; a \$5 bonus for each shift that a home care worker accepted that was not on her schedule; a \$25 bonus for each month that a home care worker followed her schedule as printed; a year-end recognition dinner for all home care workers with prizes for the least absences, the most hours worked, and the most extra shifts worked.

They also tried some ideas for reducing the need for paid staff by recruiting volunteers. In a collaborative effort with the Department on Aging, the Boys and Girls Club, and a local school, an intergenerational project was developed in which senior volunteers acted as mentors and chaperones for student volunteers while both seniors and students provided socialization, letter writing, reading, light housekeeping, hobby participation, gardening, and company for meals to older persons who needed such services. Senior

volunteers also delivered meals and received a small stipend. They also conducted a campaign to recruit additional adult family homes, in order to increase county resources. Contact: Dona Retzak, Langlade Co. DSS, 715-627-6500, [dretzak@langladedss.org](mailto:dretzak@langladedss.org)

### **Lincoln County Department of Social Services**

This agency collaborated with local schools, temporary employment agencies, the local Job Center, nursing homes and hospitals to share ideas for recruiting new workers. Staff made a slide-tape presentation for women's and church groups showing clients and their providers. They also accessed the Job Service data base, ran ads asking if people had an extra 3-4 hours a week, had people interviewed on radio and TV, and worked with "school-to-work" programs in the high schools and two technical colleges in the area. The agency paid for training for current home care workers who wanted to become CNAs. New workers got a \$250 bonus after six months, and workers who recruited new workers got \$100. A core group of long-time, private home care workers got bonuses and a generous pay increase.

In 2002, this county initiated a project to develop a video to accompany the training manual for supportive home care workers. It was thought that this would be helpful for people with limited reading skills. The Department sent copies of the video to all county long-term support agencies.

Contact: Faye Maschke, Lincoln co. DSS, 715-539-1331, [fmachke@co.lincoln.wi.us](mailto:fmachke@co.lincoln.wi.us).

### **Manitowoc County Human Services Department**

A workgroup consisting of the Manitowoc Co. Long Term Support Division, the Aging Resource Center, the Health Care Center, and the Public Health Department enlisted a group of CNAs and nurses representing each nursing home, hospital, and home health agency in the county to develop a way to resolve the worker shortage. The workers identified a key problem similar to the one identified in the research conducted by the more urban Kenosha County: the community had a negative image of their profession. Following are their efforts to change this image to a positive one, increasing the image and self-esteem of direct care workers.

- The workgroup developed an extensive marketing campaign and targeted high school students. Direct care workers attended every high school career expo. The workgroup worked with school curriculum coordinators to incorporate aging and long-term support issues into their health classes. They worked with young mothers, including high school students, to understand the flexibility possible in caregiving, offered fellowships including paid childcare for the young women to attend CNA training, and established courses right in the high schools for high school credit. They planned long range goals with the students such as having caregiving as a career, using the caregiving profession for part-time employment while attending college, or expanding an interest in long term disabilities and aging issues as specialties if they became nurses, social workers, or doctors.
- The workgroup purchased billboard space to call positive attention to caregiving as a profession and to thank workers. They also used newspaper and radio ads to remind family and community members to thank those who care for their loved ones. Direct care workers told their own positive stories in a weekly column.

- A direct care worker association was formed. Funding supported a coordinator to set up a registered worker list, do mailings, facilitate meetings, and set up a speakers' bureau.
- Regular meetings were held to provide fun, refreshments, and door prizes in addition to continuing education that included training in communication skills and conflict management.

Contact: Margaret Brochocki, Long Term Support Division, 920-683-4181, or Judy Rank, Aging Resource Center, 920-683-4181.

### **Marathon County Department of Social Services**

With Links money, this agency hired a full time staff person to work on workforce issues for a year. They established a Workforce Development Subcommittee of the Marathon County Long Term Support Committee, which collaborated with long term care provider agencies to develop workforce recruitment and retention strategies. They organized and presented a professionally facilitated Workforce Development Forum.

The agency identified supervisory skills as fundamental in developing and retaining direct care workers and developed a supervisory skills training program specific to the needs of the long-term care workforce. They recognized that the community does not see the value of long-term care services and the rewards associated with working with aging adults and persons with disabilities; they designed a public image campaign. The agency also stimulated the development of a Caregiver Association chapter, lead by direct care workers.

A final project concerned the large number of private providers recruited and employed by program participants and paid by a fiscal agent in this county. These workers work in isolation, and if the program participant dies or goes to a nursing home, that worker may change careers. There was no system for recruiting, supporting, training, or keeping these workers. Links funding was used to develop a supportive home care employment agency. It was intended that the agency would recruit providers, maintain a registry of those trained and qualified, and provide initial and ongoing training.

The funding was also intended to provide support for workers through a peer organization, establish equitable wage scales based on experience and responsibility, study the feasibility of adding benefits to members of the group, and arrange for back-up coverage in cases of emergency.

Contact: Vicki Tylka, Marathon Co. DSS, 715-261-7522, [vmtylka@mail.co.marathon.wi.us](mailto:vmtylka@mail.co.marathon.wi.us).

### **Marinette County Health and Human Services Department**

The part of this agency that works with frail older adults and persons with physical disabilities initiated two workforce projects. First, it aimed to reward and retain current workers by giving them an opportunity to complete the nursing assistant course at the local technical college at no cost and to receive a pay raise.



The second project was designed to pair young people on court orders for work restitution or community service with people needing some sort of help in order to remain in their homes and communities. Job coaches provided by the courts accompany the young people to the homes and supervise them. The young people have the satisfaction of completing necessary and appreciated work, and the mostly older people enjoy the contacts with the youth. Staff members believe that positive relationships have developed. The project satisfies two community needs: it helps the courts find placements and provides a service to COP participants.

The part of this agency that provides services to people with developmental disabilities designed an ambitious project to coordinate and sponsor a retention initiative to benefit the 17 counties in the Northeastern Region and their contract residential agencies that support adults with developmental disabilities in their homes. Based on research conducted by the Department of Health and Family Service's Bureau for Developmental Disabilities Services and the Wisconsin Council on Developmental Disabilities, staff learned that worker retention could be significantly affected if workers found the job both meaningful and doable.

This proposed retention initiative was intended to enhance county-contracted provider agencies' ability to retain a committed workforce by improving the support and supervision of direct service workers. It was also intended to build the organizational cultures of provider agencies to foster and reward commitment to direct service work. John O'Brien and Connie Lyle O'Brien of Responsive Systems Associates were selected to provide a research-based conceptual foundation with the training tools that would result in higher retention rates of direct service workers. Providers were to learn to assess how well they support the direct care workers and how to make direct care workers more aware of the value of their work.

Contacts: Gaye Wenger, Marinette Co. DHHS, 715-732-7797, or Marcie Brost, Bureau of Developmental Disabilities Services, 608-266-9366, [brostmm@dhfs.state.wi.us](mailto:brostmm@dhfs.state.wi.us).

### **Milwaukee County Department on Aging**

This agency developed "employment vendors" that coordinate the hundreds of private supportive home care workers created with start-up funds from Community Links. Through these agencies, new staff are trained to provide personal care and chore services in people's homes. In addition, training in nurturing has been added to the basic curriculum to increase the self-esteem of new workers – many of whom have reportedly not had successful job experiences or received any praise or success in their previous work. Trainers work on assertiveness, self-confidence, and self-esteem. The workers receive bonuses for completing the training and are offered health insurance – unusual for direct care workers.

Contact: Chris Hess, Community Care Organization, 414-385-6610 ex. 381, [Chess@CCO-CCE.org](mailto:Chess@CCO-CCE.org).

### **Milwaukee County Adult Service Division**

This unit of Milwaukee County Human Services Adult Services, which supports people with developmental disabilities, has designed a project directed at a large group of

persons with developmental disabilities who also have a mental health diagnosis or have chronic emotional behavioral crises. These individuals are a significant challenge to their caregivers and other providers and jeopardize their living arrangements, especially when experiencing crisis. The agency has identified the need to use community emergency respite services instead of in-patient institutionalization in a psychiatric facility. Project funds were used as start-up for developing small, residential respite sites in apartments with staff and clinical support persons who are trained to provide behavioral intervention. Contacts: Sandra Butts, Developmental Disabilities Coordinator, 414-289-5944, or Maureen Conaty, 414-289-5940.

### **Monroe County Department of Human Services**

This agency has carried out a number of projects in the past four years. Their first project sought to support people while on the COP waiting list to prevent them from giving up and going to nursing homes. They learned that people can be supported to remain on the waiting list for a long time with a limited amount of help. A second objective was to provide meaningful employment opportunities to people with developmental disabilities who were involved in supported employment. In order to meet both of these objectives, people with developmental disabilities assisted people on the waiting list with their housecleaning, meal preparation, laundry, lawn care, snow removal, errands, and other chores. The workers learned valuable skills. Each worker got a different amount of help from a job coach (as much as needed), and job coaches made sure that workers were picked up and taken to their job sites. People reportedly formed positive relationships. This occurred as the elderly individuals gained positive impressions of people with developmental disabilities. Upon being eligible for COP or waiver funding, one woman hired her project worker as her regular provider. People with disabilities who attended sheltered workshops for years understood that their current work was real and truly needed. They felt good about making a contribution and about themselves.

A second project expanded the local Interfaith volunteer program to add respite care, dementia services, and transportation to the services provided. Collaboration between Interfaith and their Gatekeeper program also developed with Links funding. The Gatekeeper program enlisted the help of people who have contact with vulnerable adults in the normal course of their jobs. These include supermarket clerks, bank tellers, pharmacists, hair dressers, utility workers, waiters, mail and paper carriers, taxi drivers, meal site staff, apartment managers, fire fighters, police officers, medical personnel, village clerks, and clergy/church personnel. These individuals were trained to recognize danger signals in the vulnerable population and urged to make referrals to the county Long Term Care Unit. In many cases, Human Services was unable to immediately provide all the services an individual might need due to waiting lists, but they had access to Interfaith volunteers, who were trained to recognize many more medical concerns than other programs, since it was designed in collaboration with a nurse. It is especially cost effective to prevent declining health from turning into medical emergencies. Thus these volunteers were able to provide many services to help keep people safe in their homes. Contact: Tonya Kenyon, Monroe Co. DHS, 608-269-8659, [tkenyon@co.monroe.wi.us](mailto:tkenyon@co.monroe.wi.us), and Becky Campbell, RN, BSN, Public Health Nurse, 608-269-8666, [bcampbel@co.monroe.wi.us](mailto:bcampbel@co.monroe.wi.us).

### **Oneida County Department of Social Services**

Private supportive home care workers who work in people's homes need health insurance. To see whether any of the direct care workers in Oneida County and their families were at least eligible for Badger Care and had not heard about it, the county staff sent Badger Care brochures to workers with their payroll checks. A much larger number of families than expected were eligible and ended up enrolling and benefiting. (The information is available from the economic support workers in each county or from the Bureau of Health Care Eligibility, Division of Health Care Financing, 1-800-362-3002.)

Other efforts included a promotional job fair, and paying for tuition and books, plus a \$500 stipend for people to complete CNA training. A \$200 bonus was offered to employed workers who recruited new workers. (This resulted in few new workers, since unemployment was so low that very few people were available.) Agency staff initiated recognition events for workers. They also offered help to other providers in the area needing short term or substitute workers; they hoped to form a pool of shared workers. Contact: Tara Vandenberg, Oneida Co. DSS, 715-362-5695, [tara@dss.co.oneida.wi.us](mailto:tara@dss.co.oneida.wi.us).

### **Outagamie County Department of Health and Human Services**

With Links, this agency hired a coordinator to combine and update worker lists maintained by both the Senior Connection and the Adult Services Unit of workers known to different agencies throughout the county. The coordinator contacted everyone on either list and either verified or arranged for background checks.

While working on the lists, details were added, such as the schedules that people like to work and their preferred locations. The list, updated monthly, was made available to COP and waiver program participants to use in hiring their own workers. An innovative idea was to also make this a central registry available to anyone else as well. As families typically did not know where to find reliable providers who would work in an individual's home, this effort was deemed important so that private pay individuals could stay in their homes longer or even indefinitely with dependable help.

Another part of this project was a volunteer matching project called Elder Match. Older volunteers were matched with others who needed a ride, a companion to go out to lunch with, shopping, or just a visit. Often, reportedly, relationships and friendships developed. Other matches were made with someone who needed a specific task done (flipping a mattress, changing the ceiling light bulb, taking down or putting up the storm windows or cleaning out kitchen cupboards, for instance) with someone willing to do that task. The key was having someone to keep track of who was available to provide which service and make the connections.

Contact: Deb DeBruin, Outagamie Co. DHHS, 920-832-5169, [debruin@co.outagamie.wi.us](mailto:debruin@co.outagamie.wi.us).

### **Ozaukee County Department of Community Programs**

This county maximized the Community Links dollars by combining them with funding from other sources and initiated or completed a number of projects. They advertised to recruit new workers and conducted several training events for ongoing workers. A link

was established with the county nursing home, and some of the community home care workers were included in the nursing home training sessions for CNAs. Meetings were held between the county and the workforce development center to explore opportunities for home care work for W-2 workers. Training materials were developed and several training videotapes were purchased and used to increase worker skills. A countywide caregiver association was formed to bring people together who work in relative isolation. The agency developed policies for Worker's Compensation Insurance and provided it as a benefit to workers.

This agency also had the idea of developing a CBRF quality assessment tool to be used in Ozaukee County by long term support care managers to assess the quality of care in their CBRFs. Although not strictly a workforce project, the overall quality in residential settings certainly impacts on the working conditions of staff and affects their morale, motivation and retention. Because this excellent idea was thought to be necessary in filling a need for care managers throughout the state, it was not funded for Ozaukee County but undertaken as a statewide project instead, coordinated by the Residential Specialist in the Bureau of Aging and Long Term Care Resources. The workgroup completed a Model Care Management Checklist and expanded the project into the Model Quality Performance Standards and Measures for CBRFs that comply with the requirement for quality standards to be incorporated into contracts with facilities. Both the performance standards and the care management checklist have been sent to the COP and waiver agencies in every county.

Contacts: Frank Peterson, 262-284-8209, [fpeterson@co.ozaukee.wi.us](mailto:fpeterson@co.ozaukee.wi.us) and Carrie Molke, BALTCR, 608-267-5267, [molkeca@dhfs.state.wi.us](mailto:molkeca@dhfs.state.wi.us).

### **Portage County Health and Human Services Department**

This agency identified two specific kinds of providers especially needed in Portage County: adult family care sponsors and respite care providers. They hired a marketing consultant with experience in layout, design, and production. He did an analysis of current adult family home (AFH) providers and developed a marketing plan to recruit additional ones. He prepared radio and TV ads and designed a brochure and a banner. He redesigned an existing AFH newsletter. All materials include a common theme: "Adult Family Care: A Place to Call Home." This resulted in a large increase in the number of calls to the county agency from people inquiring about becoming an adult family or respite home. An indirect benefit to advertising in newspapers and on TV is the recognition of current providers. Several called to say that they were proud to see the newspaper and TV recognition for the work that they do.

Contact: Cathy Rhutasel, Portage Co. HHSD, 715-345-5913.

### **Price County Human Services Department**

This agency started with a vision of more caring communities in which individuals help their neighbors, keep them connected to their communities, and grow old with the assistance they need to remain in their homes. They hired a volunteer coordinator and established a countywide toll free number. The human services agency partnered with the county aging unit that had experience in recruiting and supporting volunteers. Targeted as new volunteers were newly retired individuals with particular skills who were matched

with individuals who needed help with certain tasks. Examples included a retired plumber who fixed a leaking faucet and was rewarded with freshly baked cookies. Called the Neighbor to Neighbor Program, several of the volunteers had special skills and did many complex home repairs in addition to snow-shoveling and basic chores. Volunteers even helped someone move a whole household. The county discovered that if they said, “We don’t have any money, but do you have a couple of hours?” many people did. Many on the waiting list have been able to stay in their homes instead of giving up and going to nursing homes.

A second and related project was designed to make the volunteering in caring communities more multi-generational. Children from schools and Boys and Girls Clubs were recruited to visit with older people and do things with them that both the child and the elder considered fun. To raise awareness among children and their families about some of the needs of frail, older citizens, a coloring book was created for school children from kindergarten through the third grade. The theme is to promote the concept of volunteering as a life-long process and to increase the awareness of being good neighbors. The coloring book has pictures showing children helping older people do things like water a garden, wipe dishes, and paint a house. It was distributed to all of the schools in Price County and was made available to schools in other areas.

Contacts: Barbara Loftus, Chair of the LTS Planning Committee and Director of the Price Co. Aging Unit, 715-339-2158, [hsd@co.price.wi.us](mailto:hsd@co.price.wi.us), and Jim McNamee, Price Co. HSD, 715-339-2158, [hsdlts@co.price.wi.us](mailto:hsdlts@co.price.wi.us).

### **Racine County Human Services Department**

This project began because three licensed home health agencies that had provided personal care to COP and waiver participants closed. A collaboration of eight agencies established the Direct Care Worker Recruitment, Retention, and Recognition Task Force that initiated a number of activities to recruit new workers and retain current ones.

To recruit new workers, they:

- organized a worker’s job fair in connection with the Workforce Development Center;
- reached out to Racine County’s Hispanic community, a potential source of workers;
- distributed information widely to colleges, technical and high schools, and the community in general.

For retention and recognition, they:

- held seminars for current workers to encourage them to maintain their well being under stress in the difficult and important work they do;
- encouraged the workers to start a countywide caregivers’ association;
- held training for employers on how to empower direct care workers as part of the care team and how to market the position as a step in the health care career ladder.

Contact: Debra Capener, 262-638-6697, [dcape@racineco.com](mailto:dcape@racineco.com).

### **Richland County Department of Human Services**

An Interagency Coordinating Committee from social services, community programs, the county aging unit, and the county nursing home was formed to develop a “universal worker” concept. This was to provide workers more flexibility in scheduling, additional

hours for people working part-time, and variety in duties and work settings. Committee members collaborated to develop a job description, a multi-agency orientation program, policies and procedures, and the forms necessary to create the new position.

After a group of potential universal workers was recruited, background checks were conducted; salary and fringe benefits began during orientation and training. In addition to 40 hours of classroom training, job shadowing and training were provided. The orientation was extensive, since workers were expected to work in four different agencies and in five different jobs with people with physical and developmental disabilities and frail elders. Bonuses were awarded after three months of successful employment and again six months later. Universal workers fill in for each other in different settings, get flexible work with lots of variety, and have the capability of following program participants from, say, the nursing home back to their homes to provide excellent continuity of care and comfortable familiarity.

Richland County wanted to use more friends, neighbors, family, other natural supports, and regular community resources to support and assist program participants, instead of relying on all paid staff and specialized programs. Workers known for doing excellent work, having close relationships with participants, and helping people have full lives by getting them out to do interesting things in the community, were offered the opportunity to work for the agency as care management assistants for a substantial increase in pay. Their job was to take people where they needed to go, such as doctor appointments, and to do interesting things on the way such as stop for lunch, pick up some books at the library, or visit a flower show. They got to know people's families, friends, and neighbors and helped them keep or resume connections. They also got to know people's special interests and found resources and people in the community who connected with those interests. Care managers and participants appreciated their work, and it became a meaningful career ladder opportunity for some of the caregivers. (This project was not started with Links money, since Richland County is now a Family Care pilot, but it is included as an excellent Community Links model that other counties might want to try.)  
Contact: Becky Cupp, Richland Co. HHSD, 608-647-8821 x 258,  
[cuppb@co.richland.wi.us](mailto:cuppb@co.richland.wi.us).

### **Rock County Human Services Department**

This agency has carried out three interesting projects. The first was designed to explore a non-traditional source for new home care workers and targeted an agency called Coordinated Community Response to Domestic Violence to recruit young battered women from shelters who needed employment. These women needed an independent source of income, flexible schedules, and better self-esteem. The home care training took place right in the shelter. The women were supported as they went into a work setting, and whatever help they needed with childcare or transportation, for instance, was provided. Reportedly, they gained personal satisfaction in doing work that was needed and appreciated.

The second effort of this agency was to recruit and train a number of new non-traditional volunteers for the county's Senior Companion Program. Recruited from senior housing

and meal sites, older people who wanted a little extra spending money were paid stipends and mileage to provide assistance and companionship to other seniors. (Under this particular program, people could earn and keep as much as \$250 a week for 20 hours of work without losing any of their benefits including Medical Assistance or Supplemental Security Income.) Senior Companions are given extensive training to become knowledgeable in their role.

In their third effort, the agency targeted and recruited other older people as new volunteers. They paired retired nurses to accompany people on doctor visits. They recruited a number of new drivers, as well, and used Links money to obtain safety inspections and repairs to all of their cars. The project was intended to increase the comfort level of frail elderly individuals who reportedly felt safe getting a ride or assistance from other older people, and in many cases they already knew their drivers and helpers or relationships developed.

Contact: Dick Owens, Rock co. DSS, 608-741-3551, [dicko@co.rock.wi.us](mailto:dicko@co.rock.wi.us), and Sue McKillips, Aging Services, 608-757-5940.

### **Sauk County Department of Human Services**

This agency had been contracting with agencies for all Medicaid personal care and COP/waiver supportive home care services. Workers received low wages and few benefits, and there was frequent turnover and inadequate staff for county referrals. Rates paid by the county were high since the agencies had their own overhead. The county decided to create an agency of its own and bring workers in as county employees with decent pay and county benefits to improve retention and stability. The county board agreed, since the Links money covered the start-up costs of developing the agency, hiring and training the staff, and bringing in a nurse. The rates they billed for services covered their ongoing costs. Another advantage of the county doing this is that all workers and the nurse were located with the county care managers. More positive relationships developed, ongoing information about participants was readily exchanged, the care providers felt part of a team, and the social workers as well as the caregivers appreciated having access to the medical expertise of the nurse.

Contact: Sue Hebel, Sauk Co. DHS, 608-524-7931, [shebel@co.sauk.wi.us](mailto:shebel@co.sauk.wi.us).

### **Shawano County Department of Social Services**

Like several other counties, Shawano had always chosen to remain the fiscal agent for all of its home care providers without contracting with a separate agency. Although the workers are considered the employees of the program participants, the agency took on the responsibility of recruiting, initial interviewing, background checks, and assisting the care management staff and the consumer/employers in the selection of providers. They recognized the need to bring together, organize, and professionalize the isolated employees who were disconnected from each other and from the human services agency and the care management staff.

This agency's unique idea resulted in a Human Resources Center for direct care workers with many functions. As a part of the social services department, it became an employment agency that recruited, coordinated, trained, and supported all the in-home

care workers. It established human resources specialist, like an employment relations specialist in a business, who worked for both providers and participants. The agency provided a useful consumer/employer personnel handbook that teaches needed skills to participants and empowers them as well as relieving care managers from some of the employer/employee tasks. The county thought of their Center as a small business designed to make workers feel more professional, less isolated, and a real part of a team. Staff developed policies and procedures, an employment manual for workers, and a training package. Training for new workers was held at four different times of the day and evening and in different locations. Mandatory training also took place twice a year for ongoing workers. Links money paid workers' salary plus the cost of replacement staff while they attended.

Workers were taught to take good care of themselves, as well as the people they cared for. Regular performance evaluations took place, and workers were given recognition. Longevity bonuses were given, cell phones were provided to assist with scheduling and improve communication between workers and care management staff. Ongoing surveys were conducted to identify areas of concern. In different years, projects were added to the Center and funded with Links money based on suggestions by employees. Examples include funding to offset unexpected medical costs, incentive pay during the holiday season, and a provider newsletter that includes a home health care issue every month. In 2002, they began "Ask a Nurse" by making their nurse available by phone at designated times each day for questions from participants, caregivers and care managers.

Contact: Thomas Madsen, Shawano Co. DSS, 715-526-4759,  
[soctom@co.shawano.wi.us](mailto:soctom@co.shawano.wi.us).

### **Sheboygan County Health and Human Services Department**

A settlement of Hmong individuals needed to have the training manual for supportive home care workers translated into the Hmong language. Although 5% of the county population is Hmong, 12% of the program participants are Hmong, so finding Hmong speaking in-home care providers for them was a challenge. The area Hmong Mutual Assistance Association accomplished the translation at a reasonable cost.

In 2002, this agency identified another need linked to another subset of COP participants: people with mental illness. Budget constraints resulted in a reduction in programming and services for the mentally ill population of this county. It was decided that a drop-in center would fill the gap and be desirable in other ways for these individuals. To determine the level of interest, a survey was distributed to the people with mental illness in Sheboygan County. Of the 95 surveys returned, 51.6% of respondents reported they would use a drop-in center, and 31.6% said they might. Community Links funds were used for the start-up costs, and the center gave people a place to go to socialize or just "fit in." It provided them with a place where they could start their own support groups to fit their own personal needs or find informal peer support. It provided opportunities for consumers to do volunteer work or share their talents with others. Eventually, it might be expanded into a clubhouse, which would provide employment opportunities.

Contact: Dale Deterding, Sheboygan Co. HHSD, 920-459-3224,  
[deterdvd@co.sheboygan.wi.us](mailto:deterdvd@co.sheboygan.wi.us).



### **St. Croix County Health and Human Services Department**

At one point, 11 home health agencies served St. Croix county. In 2002, three agencies remained with only one accepting new clients – if workers were available. For the past four years, projects were undertaken in a coordinated effort to support people who had inadequate paid help or were on the waiting list with no paid help. Collaborative planning occurred between the staff in Human Services, the Department on Aging, and the local Interfaith organization.

With Links money, the hours of the volunteer coordinator were expanded each year in order to recruit new Interfaith volunteers; 56 were initially recruited and matched to households with vulnerable individuals. Matches were carefully planned to be ongoing, and strong relationships developed. People received friendly visits; transportation for errands, doctor visits, and dialysis treatments; assistance with grocery shopping, housekeeping, and chores; recreational opportunities and respite. Volunteers were recruited from church groups, senior centers, elderly meal sites, civic organizations, and school service groups; the number increased each year. The volunteer coordinator also worked to expand the concept of “Share the Care” with groups including family and other volunteers to care for people. Reportedly, volunteers liked the fact that there was great flexibility in their activities and time commitments.

A second effort trained people out and about in communities to be the eyes and ears that keep people safe. They were trained to notice mail accumulating, papers not picked up, porch and house lights not turned on or off, and neglected lawns or snow, and they were given a number to call so someone could follow-up. In each year of the projects, the Gatekeeper program expanded, and the Links funds increased the working time of the Interfaith director as she took on all of the Gatekeeper training.

A third effort recruited and certified three new adult family homes to be available on short notice on a 24-hour basis to provide respite to frail elderly or persons with disabilities. These were very valuable for families who needed respite or a vacation, or in emergencies when family providers were hospitalized or paid providers did not show up.

Links funding was used to hire a part-time nurse who would reach out to those on waiting lists to see if they were safe. S/he spotted potentially serious problems and prevented them from becoming worse. The nurse involvement was expanded by finding a retired registered nurse willing to work ten hours a week. That nurse targeted people not on the waiting list but in potential trouble; they were the people identified by those delivering meals and the Gatekeepers as appearing to need medical intervention. Sometimes, just organizing and reevaluating a large number of medications was all that was needed.

Another retired individual, a former educator, took on the responsibility of working with area school systems to develop aging curricula that promoted the importance of long term support as well as career opportunities in this field.

Links funding was also used as start-up for a part-time Caregiver Support Coordinator to identify the supports most needed by family caregivers. If this proves valuable, ongoing funding will have to be secured.

Lastly, Links start-up funds were used to develop an employment vendor through an employment-leasing agency. This is frequently necessary as a way to organize the private supportive home care workers, often family or friends employed by each program participant, to assure that all state and federal tax and labor law requirements are met.

Contacts: Ron Lockwood, St. Croix DHS, 715-246-8220, [ronl@co.saint-croix.wi.us](mailto:ronl@co.saint-croix.wi.us), or Sandy Gehrmann, St. Croix Office on Aging, 715-381-4365, [sandyg@co.saint-croix.wi.us](mailto:sandyg@co.saint-croix.wi.us).

### **Trempealeau County Department of Human Services**

This agency started out by collaborating with the Trempealeau County Department of Aging, the County Aging and Disability Resource Center, three hospitals, and seven nursing homes in the county. They developed an effective video that promoted opportunities and rewards available in caregiving. The video is titled *Long Term Care Workers in Trempealeau County: Making a Difference*. It shows a wide range of work opportunities and professions in different settings and features supportive home care workers, nurses aids, LPNs, RNs, physical therapists and their aids, activity directors and their assistants, laundry workers, dietitians, county social workers, and staff of the resource center working with people in nursing homes, hospitals, and in their own homes. People describe their work in their own words, explain how and why they got into it, and share what they most like about it. The video was used in a countywide worker campaign. Seven area newspapers ran three-part features, and current workers were honored with a number of newspaper ads and events.

Recruiting of new workers improved. They continued to explore new recruitment ideas, and the consortium of home care provider agencies, nursing homes, and agencies interested in long term care then focused on retention strategies.

- The marketing campaign was continued with the video shown on cable throughout the county. Press releases and advertisements were added to the campaign.
- The agency developed a mentor program as a cost-effective way to extend the learning process for home care workers on a continuing basis, as well as during their introductory period, giving opportunities for role modeling, regular interaction, and feedback.
- The agency worked with the technical colleges and other CNA trainers to improve communication on CNA class openings and cancellations. Stipends and tuition costs were covered for new students.
- Educational opportunities were offered to all staff at partnering agencies to provide “Care for the Caregiver” training. Classes in such things as computers, household financial management, and stress reduction blended family and work life.
- Supportive home care agency workers have especially low wages. They were rewarded with financial bonuses for the valuable work they do.
- The agency developed a Shared Employee Initiative, similar to Richland County’s Universal Worker. Designed to assist part time workers in the nursing home who

wanted full time hours as well as benefits, the added hours were for doing home care in the community. This created a pool of back-up workers for situations in which workers were needed immediately to cover vacations, people being discharged from the hospital, and when a scheduled worker did not show up.

- Their most recent project was in school outreach. This was a collective effort between the long-term care providers and essential school personnel to put on a Health Careers in Long Term Care Expo, develop a youth apprenticeship program, and educate high school counselors and students on the benefits of employment in health careers and especially long-term care.

Contact: Stacey Garlic, Director, Trempealeau Co. DSS, 715-538-2311 X284, [garlicks@trempecounty.com](mailto:garlicks@trempecounty.com).

### **Vilas County Department of Social Services**

A rural tourist area with limited resources, Vilas had no agencies to provide either personal or supportive home care, so the county developed a Medicaid Personal Care program of its own and arranged all other providers. The Links grant was used to recruit new and reward current workers.

- All potential new workers were offered the opportunity for CNA training at the local technical college. Applicants received \$300 for tuition and fees, \$100 in reimbursement for gas and mileage, and a \$200 bonus for completing the course. In return, they were required to work for the county for a minimum of 90 days.
- Currently employed workers who recruited new applicants were given a bonus of \$200 if the new workers worked at least 90 days.

Contact: Lynette Otterpohl, Vilas Co. DSS, 715-479-3668, [vilasdss@co.vilas.wi.us](mailto:vilasdss@co.vilas.wi.us).

### **Walworth County Department of Health and Human Services**

This agency has carried out two workforce projects. The first Links award supported collaboration between human services and a supportive employment program for persons with developmental disabilities. The project provided pay and transportation for teams of workers with job coaches. Workers completed necessary chores for frail elderly and physically disabled COP and waiver participants living in their own homes. This successful effort continued, and the next grant was used to expand the workforce to include persons with mental illness who wanted work opportunities. The state Community Links project coordinator received a phone call early in 2002 from a self-advocate with mental illness from Walworth County asking whether funding would again be available and whether a project funding mentally ill workers would be eligible. Encouraged, the individual initiated the contact to the county.

A variation of this project was tried. Care managers identified one-time or seasonal jobs that their program participants in the community had to complete but which were beyond the time or ability of their regular workers to do. Cleaning whole houses from top to bottom, cleaning out the garage, cleaning a large yard or lot, and changing storm windows on a whole house are examples of the work. A pool of the workers – either with developmental disabilities or mental illness – was formed for each job as needed, and the group was transported and did the work together. A job coach supervised the whole team, and different jobs were rotated among the workers. Reportedly, the people

liked working together as a group, big jobs got done quickly, and workers and program participants were extremely satisfied.

Contacts: Laura Kleber, 262-741-3240, or Jennifer Selz, Walworth Co. DHHS, 262-741-3361, [jselz@walworth.wi.us](mailto:jselz@walworth.wi.us).

### **Washington County Comprehensive Community Services Agency**

More than 100 COP and waiver participants in Washington County live in adult family homes (AFHs). Wanting to keep this valuable resource and thank the providers, the agency held a getaway weekend called Celebrating Their Spirit.

- They invited all the families and gave them the option of bringing their adult participant(s) or having respite provided. Swimming, meal money, and miniature golf passes were provided. Community businesses donated door prizes.
- They kicked off the weekend with a program of appreciation and thanks.
- A provider directory was given to those who attended. They were encouraged to get to know each other and view each other as respite resources to make respite more available and affordable.
- Current providers invited people they knew who might be interested in the field to join them for part of the weekend. A short program presented information about rewards and employment opportunities in the field of human caregiving including adult family homes.
- Area newspapers were invited and did stories about the weekend emphasizing the generous spirit of those who were currently involved in caregiving and opening their homes to people.

Contact: Meg Moore, Washington Co. Community Services, 262-335-4583.

### **Waupaca County Department of Health and Human Services**

The year the project started, an increase in the Medicaid Personal Care rate allowed for an increase in wages for the workers. This agency planned their Community Links activities to coincide with a raise passed on to workers of \$1.25 per hour. The Links activities were designed to enhance the public image of caregiving, recruit new workers, recruit new adult family home providers (to decrease the need for CBRFs), and improve the working environment and self-esteem of current workers.

- To successfully recruit workers on an ongoing basis, the agency researched all the efforts that had been tried and surveyed current workers about what initially attracted them. Based on the information gathered, they developed a marketing plan.
- In a similar process, the agency developed a marketing plan to increase the number of certified adult family homes in Waupaca County.
- In collaboration with editors and producers of local newspapers, radio, and TV, the agency developed a marketing plan to enhance the image of caregiving throughout the community.
- The agency explored and implemented pay incentives for those who provided care at night, on weekends, and on holidays.
- To recognize and reward current home care providers, the agency planned a paid day of recognition and training. Workers from agencies and other settings (home health

agencies, group homes, adult family homes, and nursing homes) were invited to participate to make this a countywide event.

- A quarterly newsletter was initiated to enhance the image of caregiving, provide care tips and success stories, and recognize those who are exceptional.
- Current workers were surveyed to determine ways to increase their input into care planning and care management. The agency developed a way to continue to query workers regularly in order to increase ongoing coordination between the county agency workers and the direct care providers.

Contact: Pat Enright, Community Care coordinator, Waupaca Co. DHHS, 715-258-6300, [penrig@co.waupaca.wi.us](mailto:penrig@co.waupaca.wi.us).

### **Waushara County Department of Human Services**

Waushara County's project, which is gaining national recognition, evolved over the four years of the Links projects. No certified home health agencies were available to provide Medicaid Personal Care or supportive home care to COP and waiver participants. The agency decided to form strong collaborations and develop several projects. They brought together staff from the technical college, job center, Department of Social Services (now Human Services), the United States Department of Agriculture Rural Development Program, CAP Service's Business Development Center, and the local provider group to brainstorm. The projects are part of an effort called "Provider Plus."

First, in order to increase the number of trained CNAs available, they moved the training into two and then four high schools in the county. The county paid the technical college staff to conduct the courses in the schools, and project funding covered registration, fees, stipends, mentoring, and materials. Practice experiences took place in nursing homes and in people's homes near the schools, and employment was arranged upon graduation.

A second project created a development plan for an Aging and Disability Resource Center. Marketing materials were developed, and the Resource Center began operation as a collaborative county-funded service called "Waushara Connections" on August 1, 2000. Access to or information about long-term care services is available through the Resource Center to both publicly funded and private pay citizens throughout the county.

**Cooperative Care Begins.** In the third and largest effort, a group studied a successful worker-owned cooperative developed in 1985 in the Bronx, New York and decided to develop one in their rural area. (The county's population is 23,154, and its largest city has 1,784 people.) New York consultants visited and were doubtful of the success of such an effort, because so much of Wisconsin is rural and they considered Wisconsin reimbursement rates low, especially for Medicaid Personal Care. Undaunted, Waushara County moved ahead in 1999. They persuaded a cooperative development specialist from the USDA Rural Development Program, who specializes in market research, business plan development, financial viability, and projections for new business, to join them in planning, and she has been working with them for four years. They invited 70 caregivers for people in their own homes to an informational meeting, and 30 came. Of those, seven volunteered to be on a steering committee with the USDA and county staff,

and a total of 27 home care providers were involved in planning the project. In January 2001, 63 caregivers voted to start the cooperative.

Community Links funding continued to be used throughout the planning phase of the project called **Cooperative Care**, which developed by-laws and articles of incorporation and became a legal entity in February 2001. At that time, 54 home care providers had paid their membership dues of \$40 and become owner-members. A purchase of services contract was negotiated between the cooperative and the Waushara County Department of Human Services, a business plan was completed, and an operating loan was secured. The co-op began providing direct services in June, 2001. To ensure a viable business plan, the co-op increased rates charged for COP and waiver participants. In addition, they marketed their service to private clientele. At the end of 2001, there was a \$44,000 profit. The board voted to distribute 50% to the members, with the largest amount being \$2,000 and the average being \$440. (The balance went primarily for supplementing the costs of members' health insurance and paying off the bank loan.)

By the middle of 2002, Cooperative Care was considered a viable business entity, having met its first year projections. Member-owners had decent pay, workers' compensation, holiday pay, health insurance, paid personal days, and travel reimbursement. At the first annual meeting they received year-end patronage refund checks. The workers reported that they had enjoyed coming together for the organizational meetings. Before, each one had worked in isolation. Then it changed; they began to meet each other at the office on payday, got together for social events, and participated in cooperative business meetings. The CNA offerings at all of the high schools and through word-of-mouth continued to produce new workers, and there were 81 worker-owners of the cooperative at the end of 2002. Only two had left.

In 2002, the agency requested Links funding to analyze and evaluate the development of Cooperative Care. They planed to examine the Cooperative Care worker-owned cooperative from a number of aspects. These would include obstacles and challenges, the financial successes and failures (a cost-benefit analysis), worker retention and satisfaction compared to before the cooperative, and the benefits and opportunities that resulted its creation. They also planned to lay out a step-by-step description of the cooperative's development in a blueprint with descriptions detailing the process from start to finish. This will be valuable information for counties that want to know how to create a worker cooperative. These materials and the findings and results of the preliminary research were not yet available at the time of this report. Research on the long-range effectiveness of the cooperative model will continue.

In addition to Community Links funding, there is a new opportunity for counties that want resources to replicate a worker-owned cooperative. Contained in the Federal budget passed in 2003 is \$1 million to replicate home health care cooperatives using Cooperative Care as the model. The appropriation is in the Rural Community Development Initiative area of the United States Department of Agriculture. There will be \$200 thousand for pre-development grants of \$50 thousand each. The remaining \$800 thousand will be earmarked as a revolving loan fund to finance the start-up of new home health care co-ops.

Cooperative Care, as the first worker-owned cooperative developed in a rural area, is beginning to attract some national attention. A story about Cooperative Care appeared on the national web site of the USDA, and it was a semi-finalist for the 2002 Innovations in American Government Award from the Institute for Government Innovations at Harvard University's John F. Kennedy School of Government.

Contacts: Lucy Rowley, Director, Waushara Co. DHS, 920-787-3303, [lu.parkstreet@co](mailto:lu.parkstreet@co), Dianne Harrington, Project Director, 920-787-5717, [harring@vbe.com](mailto:harring@vbe.com), Margaret Bau, USDA Rural Development 715-345-7600 x 171, [margaret.bau@wi.usda.gov](mailto:margaret.bau@wi.usda.gov), Donna Tompkins, President, Board of Directors, [ddtomp@network2010.net](mailto:ddtomp@network2010.net), or Jim Gawne, Director of Cooperative Care, 920-787-1886, [jim@co-opcare.com](mailto:jim@co-opcare.com).

### **Closing Comments**

More research, evaluation, and analysis are needed for all of the Community Links projects. Much of what is known about all of the projects so far is based on positive but largely anecdotal information. Comparisons of different approaches to similar problems will point out strengths and weaknesses among the models developed. For instance, Milwaukee County Department on Aging as well as Kewaunee, Shawano, Marathon and Sauk Counties developed different kinds of employment or personal care agencies for private home care providers with Community Links money, and Waushara County created the worker owned cooperative. It will be interesting to compare and contrast these different models in areas like worker retention and compare them to the licensed home health agencies. It has been exciting to see such a wealth of grass roots ideas flourish and grow for the past four years with just a little incentive funding.

Judy Zitske, Community Options Program Coordinator  
Bureau of Aging and Long Term Care Resources  
Division of Disability and Elder Services  
Wisconsin Department of Health and Family Services  
April 2003